

APPLICATION FOR BUILDING PERMIT

1

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☒ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state under penalty of perjury that the above information is correct. I agree to comply with all county ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent _____

Date _____

COUNTY OF LOS ANGELES

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 1573 HERBERT ST		
CITY CITY TERRACE	ZIP 90063	
SIZE OF LOT 50 X 120	NO. OF BLDGS. NOW ON LOT —	
TRACT 6332	BLOCK 2	LOT NO. 70
ASSESSOR MAP BOOK 67	PAGE 94	PARCEL
OWNER ALVARO L. BANEAS		TEL NO. (213) 262-2840
ADDRESS 2089 S ATLANTIC BLVD.		
CITY MONTEREY PARK	ZIP 91754	
ARCHITECT OR ENGINEER VK & ASSOCIATES		TEL NO. (818) 500-0360
ADDRESS 517 E. WILSON AVE. SUITE 203 A		
CONTRACTOR		TEL NO.
ADDRESS		LIC. NO.
CITY		LIC. CLASS
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES
DESCRIPTION OF WORK FOUNDATION WORK FOR RELOCATION OF TWO HOUSES.		NEW <input checked="" type="checkbox"/> ADD <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOL <input type="checkbox"/> URM <input type="checkbox"/>
USE OF EXISTING BLDG.		
APPLICANT (PRINT) JORGE PEREZ		TEL NO. (818) 912-3212
ADDRESS 2439 RECINTO AVE ROWLAND HTS.		
WILL THE APPLICANT OR FUTURE BUILDING OCCUPANT HANDLE A HAZARDOUS MATERIAL OR A MIXTURE CONTAINING A HAZARDOUS MATERIAL EQUAL TO OR GREATER THAN THE AMOUNTS SPECIFIED ON THE HAZARDOUS MATERIALS INFORMATION GUIDE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
WILL THE INTENDED USE OF THE BUILDING BY THE APPLICANT OR FUTURE BUILDING OCCUPANT REQUIRE A PERMIT FOR CONSTRUCTION OR MODIFICATION FROM THE SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) SEE PERMITTING CHECKLIST FOR GUIDELINES. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
I HAVE READ THE HAZARDOUS MATERIALS INFORMATION GUIDE AND THE SCAQMD PERMITTING CHECKLIST. I UNDERSTAND MY REQUIREMENTS UNDER THE LOS ANGELES COUNTY CODE, TITLE 2, CHAPTER 2.20 SECTIONS 2.20.100 THROUGH 2.20.140 CONCERNING HAZARDOUS MATERIALS REPORTING AND FOR OBTAINING A PERMIT FROM THE SCAQMD.		
OWNER OR AGENT		
P.C. FEE 280.76	PERMIT FEE 343.00	
	ISSUANCE FEE 17.60	
INVESTIGATION FEE	TOTAL FEE 360.60	

BUILDING AND SAFETY

BUILDING ADDRESS 1573 N. Herbert Ave. 1573 1/2			
LOCALITY ELA			
NEAREST CROSS ST. Medford			
USE ZONE R-2	MAP NO. 3200		
SPECIAL CONDITIONS			
WITHIN 1000 FT. OF SCHOOL?		YES	NO
DISTRICT 6	GROUP R3	TYPE CONST. #	FIRE ZONE E.B.
STATISTICAL CLASSIFICATION CLASS NO. Q5		APT	CONDO
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP LINE
EXIST WIDTH			
FRONT P L			
SIDE P L			
SEWER MAP BK PG			
VALUATION \$ 30,000			
\$			
LDMA P/C #			
LDMA Perm #			
FINAL DATE 7/6/94			
FINAL BY			

VALIDATION

P23
01*280.76
*280.76 x
0.12-7833
10-13
05-28-93
P1 #1
0.1*360.60
*360.60 x
0.12-0339
14-56
01-03-94
#1

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800 Lab. C.)

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

☐ Exemption for Reg. Maint. Elect.

SINGLE FAMILY HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code).

☒ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____

Lender's Address _____

I certify that I have read this application and under penalty of perjury state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Electrical wiring, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

SIGNATURE OF PERMITTEE

DATE

20-0019 DPW (12-91)
76A663

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES

DEPT. OF PUBLIC WORKS

BUILDING AND SAFETY DIV.

FOR APPLICANT TO FILL IN				JOB ADDRESS	
NO.	EACH	FEE			
New Residential Bldgs. & Pools			1573 N. HERBERT		
1 & 2 -Family, Sq. Ft. 1550	\$ 106	\$ 93.00	LOCALITY FLA		
Multi-family Sq. Ft.			NEAREST CROSS ST. MEDFORD		
Residential Swimming Pools			ASSESSOR MAP BOOK	PAGE	PARCEL
Outlets: Rec. _____ Light _____ Sw. _____			OWNER OR FIRM NAME A. BAÑEGAS		
First 20			MAIL ADDRESS 2089 S ATLANTIC		
Total No. _____ Additional			CITY M.P.	Tel. No. 2622840	
Lighting Fixtures			PLAN CHECK APPLICANT		
First 20			ADDRESS		
Total No. _____ Additional			CITY		
RESIDENTIAL APPLIANCES NOT OVER 3 HP.			Tel. No.		
OTHER APPLIANCES NOT OVER 3 HP.			PERMIT APPLICANT		
Power Apparatus & Large Appliances			ADDRESS		
Size & Type HP, KW, KVA, or KVAR			CITY		
_____ Over 3 to 10 Incl.			Tel. No.		
_____ Over 10 to 50 Incl.			LICENSE OR REG. NUMBER		
_____ Over 50 to 100 Incl.			Class.		
_____ Over 100			DISTRICT NO. 6	PROCESSED BY E.B.	
Services, Swbd., MCC & Panelboards			FINAL DATE 7/6/94	VALIDATION	
0 - 399 Amp. Under 600 V			FINAL BY		
400 - 1000 Amp. Under 600 V					
Over 1000 Amp. or Over 600 V					
BRANCH CIRCUIT FEES					
15A, or 20A, 120V, Lighting or Recept.					
_____ 1 To 10 Branch Circuits					
_____ 11 To 40 Branch Circuits					
_____ 41 Or More Branch Circuits					
15A, 20A, 208V To 277V Lighting Br. Circuits					
Temp. Power Pole & Appurtenances					
Sign with One Branch Circuit					
Additional Sign Branch Circuits					
Misc. Conduits & Conductors					
Other (See Complete Fee Schedule) _____					
PERMIT FEE	(Sub-Total)	93.00			
PLAN CHECKING FEE					
PERMIT ISSUING FEE		17.60			
TOTAL FEE		110.60			

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

P2

01*11060

*11060 8

01-0340

14-56

01-03-94

21

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- ☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

SINGLE FAMILY HOME OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☒ I, as owner of the property, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Plumbing, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Permittee _____

Date _____

20-0026 DPW 4/90
76A667A

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

DEPT. OF PUBLIC WORKS

1

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS	
NUMBER	FIXTURE OR ITEM	@	FEE		
2	WATER CLOSET (TOILET)		20 60	1573 N. Herbert Herbert	
	BATH TUB			LOCALITY ELA.	
2	SHOWER		20 60	NEAREST CROSS ST. MEDFORD	
3	LAVATORY		20 60	OWNER A. BAUER	
2	SINK		20 60	MAIL ADDRESS 2885 Alhambra St	
	DISHWASHER			CITY H.L. TEL. NO. 2627840	
	CLOTHES WASHER			CONTRACTOR amov/Bulder	
	SWIMMING POOL RECEPTOR			ADDRESS	
	LAWN SPRINKLER SYSTEMS			CITY TEL. NO.	
2	WATER HEATER		20 60	STATE LICENSE NO. LIC. CLASS	
2	GAS SYSTEM	OUTLETS	20 60	DISTRICT NO. 6 PROCESSED BY E.B.	
	OUTLETS OVER 5 PER SYSTEM			FINAL DATE 7/6/94 VALIDATION	
4	HOSE BIB		41 20	FINAL BY [Signature]	
Plan check fee					
PLUMBING PERMIT ISSUING FEE \$				17 60	
TOTAL FEE				182 40	
Plan check applicant					
Name					
Address					
City Tel. No.					

Replacement of plumbing fixtures only. P5

01*18240

*18240 8

012-0341

14-56

01-03-94

NO 1

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

WORKERS' COMPENSATION DECLARATION
I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab C.)

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____ of the L.A. Co.

Plumbing Code and/or Sec. _____ of the

B. & P. Code for the following reason _____

_____ Date _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☒ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws regulating Plumbing and Sewers, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

Signature of Permittee

Date

20-0051 DPW 6489
76A642D

APPLICATION FOR PERMIT
SEWER - SEWAGE DISPOSAL

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN				CONNECTION DATA					
BUILDING ADDRESS 1573 N. HERBERT				STATION 1+90 DEPTH					
LOCALITY ELA				MANHOLE REFERENCE 1+64 S/MH UPPER LOWER					
NEAREST CROSS ST. MEDFORD				TYPE OF CONNECTION CURB P L LENGTH FROM M L TO P L					
LEGAL DESCRIPTION LOT NO. 70				CO IMP NO 570 P C NO JOB NO					
BLOCK 2 TRACT 6332				TRUNK PERMIT NO ROAD PERMIT NO					
ASSESSOR MAP BOOK		PAGE	PARCEL	AFFIDAVIT		WAIVER	EASEMENT	RECORD INSTR NO	DATE
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT		HWY OR ST WIDENING					
USE OF BUILDINGS				STATE ENCROACHMENT PERMIT NO					
OWNER A. BANEAS				CHARGES					
MAIL ADDRESS 2889 S. ATLANTIC				CONNECTION CHARGE FEE					
CITY MD TEL NO. 2622840				REIMBURSEMENT FEE					
CONTRACTOR				DISTRICT NO		GROUP	MAP BK PG	PROCESSED BY	
ADDRESS				6		R3	C-36	E.B.	
CITY TEL NO.				FINAL DATE 7/6/94		VALIDATION			
STATE LICENSE NO LIC. CLASS				FINAL BY [Signature]					
NO.	DESCRIPTION OF WORK			FEE					
1	HOUSE SEWER CONNECTING TO PUBLIC SEWER			2980					
	SEPTIC TANK SEEPAGE PIT OR PITS AND OR DRAINFIELD								
	HOUSE SEWER CONNECTING TO PRIVATE DISPOSAL SYSTEM								
	CONNECT ADDITIONAL BLDG OR WORK TO HOUSE SEWER								
	OVERFLOW SEEPAGE PIT DRAINFIELD EXTN CESSPOOL DRYWELL MANHOLE								
	ALTER REPAIR OR ABANDON HOUSE SEWER OR DISPOSAL SYSTEM								
OWNER'S AUTHORIZATION				Permit	\$ 1760				
				TOTAL FEE	4740				
I HAVE AT THIS DATE A CONTRACT WITH THE HEREIN NAMED CONTRACTOR TO CONNECT THE ABOVE DESCRIBED EXISTING DWELLING TO THE PUBLIC SEWER									
SIGNED THIS _____ DAY OF _____ 19 _____									
OWNER OR OWNERS AGENT _____									
ADDRESS _____									

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTION COPY

P10

01 *4740

*4740 X

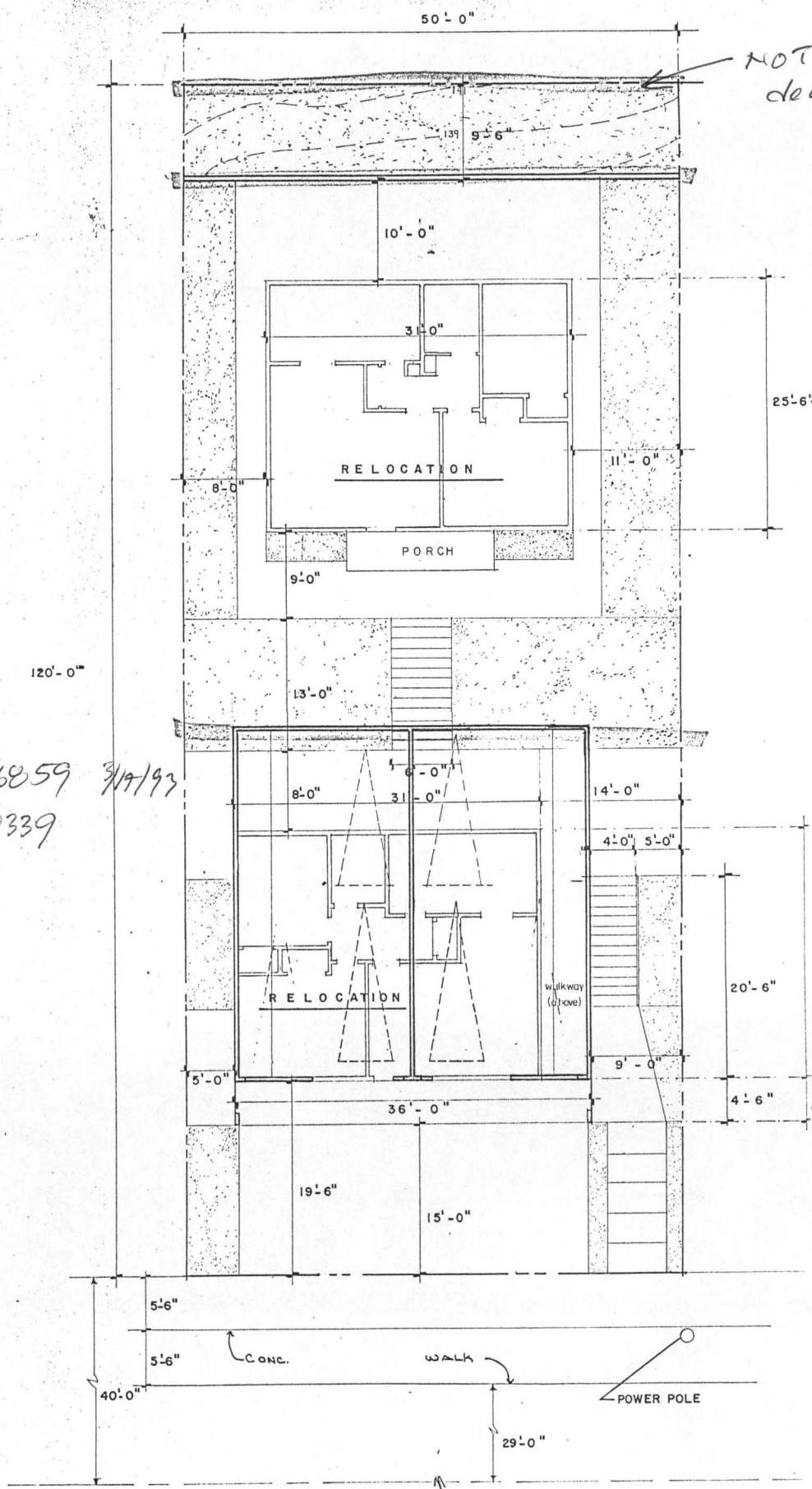
012-0342

14-57

01-03-94

21

Permit # 6859 3/17/93
Permit # 0339
1/3/94



NOT DONE or
deleted.

1573 HERBERT ST.



COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road / Room 207 / Whittier, California
Mailing Address: P.O. Box 4998, Whittier, California 90607
Telephone: (310) 699-7411 / From Los Angeles (213) 685-5217
Hours: 7:00 a.m. - 4:30 p.m. Mon. - Thurs.
7:00 a.m. - 3:30 p.m. Fri.

CHARLES W. CARRY
Chief Engineer and General Manager

Account No.: 388865
District No.: 02

SEWERAGE SYSTEM CONNECTION FEE

Complete Items 1 through 10 — PLEASE TYPE OR PRINT

Date: 9 / 20 / 93
(MONTH) (DAY) (YEAR)

1. Property Owner AL BANE GAS

2. Facility Name _____

3. Address of Property 1573 N. HERBERT ST. ELA CA 90063
(STREET) (CITY) (STATE) (ZIP)
Major Cross Streets MEDFORD

4. Contact AL BANE GAS Phone Number: (213) 262-2840

5. Mailing Address 2089 S. ATLANTIC BL # J Monterey Park CA 91754
(IF DIFFERENT FROM ABOVE) (STREET) (CITY) (STATE) (ZIP)

6. County Assessor Map Book, Page, and Parcel Number: 5224 - 023 - 024

7. Structure is: ☒ Proposed ☐ Existing, Date of Construction _____

8. User Category and Units of Usage: (Check the appropriate box and provide the applicable information)

a. Residential:	<input checked="" type="checkbox"/> Single Family Home(s) Tract # <u>6332</u> Lots _____ ▶ Number of Units: <u>1</u>
	<input checked="" type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex ▶ Number: _____
	<input type="checkbox"/> Five Units or More ▶ Number of Units: _____
	<input type="checkbox"/> Mobile Home Park ▶ Number of Spaces: _____
	<input type="checkbox"/> Condominium ▶ Number of Units: _____
b. Commercial:	<input type="checkbox"/> Hotel/Motel ▶ Number of Rooms: _____
	<input type="checkbox"/> Convalescent Hospital/Home for the Aged ▶ Number of Beds: _____
	<input type="checkbox"/> Other (Specify): _____ ▶ Improvement Square Footage: _____
c. Institutional:	<input type="checkbox"/> College/University ▶ Number of Students: _____
	<input type="checkbox"/> Private School ▶ Improvement Square Footage: _____
	<input type="checkbox"/> Church ▶ Improvement Square Footage: _____
d. Industrial:	<input type="checkbox"/> All Categories ▶ All industrial dischargers must obtain a permit for industrial wastewater discharge.

9. In order to process this application a complete set of architectural blue prints must be submitted. This is not required for conversion from septic tank to sewer connection.

10. I certify that the information provided in this application is true and correct to the best of my knowledge.

[Signature] 9/20/93
(SIGNATURE) (DATE)

☒ OWNER
☐ AGENT FOR OWNER

Please pay by check or money order only. (Cash will not be accepted.)
Make checks payable to: COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY.
Returned checks will be subject to a penalty.

FEE CALCULATION FOR RESIDENTIAL, COMMERCIAL, AND INSTITUTIONAL CATEGORIES

1 × \$ 1644.00 = \$ 1644.00
Number of Units of Usage Connection Fee Per Unit of Usage Connection Fee

SPECIAL CREDITS (Only if Applicable)

☐ DEMOLITION CREDIT*
☐ CHANGE IN USE CREDIT*
☐ AD VALOREM TAX CREDIT
Annexation Date _____

*In order to receive credit, proof of demolition or former use must be submitted with your application (e.g. Demolition Permits, original plans).

\$ 0

(If Less Than Zero, Enter Zero)

Connection Fee Due 1644.00

FEE PAYMENT RECEIVED: (For Districts' Use Only)

From: Lizola Investment D.C. ☐ Yes ☒ No

Amount: \$ 1644.00 Ck. No. 1623 Permit No.: _____ Date: _____

Processed by: [Signature]
Approved by: [Signature]
CHARLES W. CARRY
CHIEF ENGINEER & GEN. MGR.